

AR1113**2001**

STATE OF ARKANSAS
PHENYLKETONURIA DISORDER CREDIT

Individual Income Tax Return

Taxpayer's Name:	Taxpayer's Social Security Number:
Individual's Name:	Individual's Social Security Number:

A credit of up to \$2,400.00, per person, per year, shall be allowed to individuals or to families with a dependent child or children with Phenylketonuria (PKU), for expenses incurred for the purchase of medically necessary medical foods and low protein modified food products. Any unused credit amount may be carried forward for an additional two (2) years. This form must be completed in its entirety to receive the PKU Credit. Complete one form for each individual diagnosed with PKU disorder.

1. Enter the total cost incurred in 2001 for medically necessary foods and low protein modified food products :		00
2. Unused credit from 1999 and 2000:		00
3. Total credit available for 2001: (Add lines 1 and 2.)		00
4. Maximum allowable credit:	\$2,400	00
5. Total allowable credit: (Enter the lessor of Lines 3 or 4.)		00
6. Enter net tax due after deducting all credits except business incentive credits and this credit:		00
7. Credit allowed: (Enter the lessor of Lines 5 or 6 here and on Line 50, AR1000/AR1000NR.)		00
PLEASE SIGN HERE: Under penalties of perjury, I declare that the above individual has been diagnosed with phenylketonuria disorder and the information entered is true and correct.		
Taxpayer _____	Date _____	Spouse (if applicable) _____
		Date _____